

APPLICATION FOR LICENSURE AND/OR EXAMINATION

FOR OFFICIAL USE ONLY

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

The following materials are required to make Application for Licensure and/or Examination in Illinois:

1. Four page APPLICATION FOR LICENSURE AND/OR EXAMINATION.
2. INSTRUCTION SHEET, which gives step by step application instructions for your profession.
3. REFERENCE SHEET, which gives detailed coding information for your profession.
4. SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application.
5. If the name shown on your supporting documents is different from that shown on your application, you must submit PROOF OF LEGAL NAME change - copy of marriage license, divorce decree, affidavit or court order.

Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:

- A. Type or print legibly with black ink only.
- B. FEES ARE NOT REFUNDABLE.
- C. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

PART I: Application Category Information

A. SEE REFERENCE SHEET, CHART I, OR INSTRUCTIONS PRIOR TO COMPLETING ITEMS 1 THROUGH 4

1. PROFESSION NAME PRIVATE ALARM CONTRACTOR	2. PROFESSION CODE 124	3. LICENSURE METHOD WRITTEN	4. FEE \$ 294.00
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B. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

This is the first time I have made application for this profession in Illinois.

I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying.

Other: _____

My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements.

I have previously made application for this profession in Illinois. However, I am now applying under new statutory language.

PART II: Applicant Identifying Information - You must notify the Department of Financial and Professional Regulation - Division of Professional Regulation and/or Continental Testing Service in writing, of any address changes after you file this application in order to receive any further information.

1. NAME LAST BISH	FIRST GEORGE	MIDDLE JENNINGS	2. TITLE (e.g., M.D., D.D.S., etc.) PROJECT MANAGER	3. UNITED STATES SOCIAL SECURITY NO. [REDACTED]
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4. PERMANENT MAILING ADDRESS STREET [REDACTED]	CITY [REDACTED]	STATE/COUNTRY [REDACTED]	ZIP CODE [REDACTED]	COUNTY [REDACTED]
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5. BUSINESS ADDRESS STREET [REDACTED]	CITY [REDACTED]	STATE/COUNTRY [REDACTED]	ZIP CODE [REDACTED]	COUNTY [REDACTED]
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6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE) [REDACTED]	7. MOTHER'S MAIDEN NAME [REDACTED]
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8. PLACE OF BIRTH CITY STATE/COUNTRY [REDACTED]	9. DATE OF BIRTH Month Day Year	10. AGE 61	<input type="checkbox"/> Female
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11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED Work (980) 521 - 8051 (Area Code)	Home: [REDACTED] (Area Code)	12. PREFERRED e-MAIL ADDRESS(ES) [If available] [REDACTED]
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PART III: Education Information

1. PRELIMINARY EDUCATION (Elementary and High School or G.E.D. Circle number of years completed)

1 2 3 4 5 6 7 8 9 10 11 12 Graduated
X High School? Yes No Received
OR G.E.D.? Yes No

2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED CONRAD WEISER HIGH SCHOOL	3. LAST PRELIMINARY SCHOOL LOCATION (City and State) ROBESONIA PA	4. DATE OF GRADUATION 8 / 1971 Month Year
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5. COLLEGE OR UNIVERSITY (Circle number of years completed)

7. SPECIALIZED TRAINING (Residency, Professional Training, Vocational Training, Practical or Clinical Training)

INSTITUTION NAME	LOCATION (City and State or Country)	DATES OF ATTENDANCE		Did You Complete Training?
		FROM	TO	
NICET LEVEL III- FIRE PROTECT	ONLINE	Month/Year 08/2013	Month/Year 08/2013	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
LEVITON AUTHORIZED INSTALL	NY, USA	04/2007	05/2007	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
AMP NET CONNECT CONTRACT	NY, USA	10/2007	10/2007	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
POLYCOM CERTIFIED VIEW STA	NY, USA	02/2008	02/2008	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PROXIM SILVER CERTIFIED	NY, USA	06/2003	06/2003	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

NAME (Last, First, MI):

BISH

GEORGE JENNING

SS#:

Profession:

PRIVATE ALARM CONT

PART IV: Record of Licensure Information

If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)
State of Original Licensure NC	SP-FA/LV SPECIAL RES	13717-SP-FA/LV	05/05/1988	ACTIVE
State of Current Licensure where you most recently have been practicing. SC	BURGLAR/FIRE ALRM	QA285	11/04/2009	ACTIVE
Other States of Licensure TX	PRIVATE SECURITY MAI	444485	11/29/2011	ACTIVE
GA	LOW VOLTAGE UNREST	LVU405565	02/16/2005	ACTIVE
FL	CERTIFIED ALARM CON	EF20000578	07/12/2006	ACTIVE

(If additional space is needed, attach a separate sheet.)

PART V: Record of Examination

If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.

NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESULTS
LOW VOLTAGE UNRESTRICTED	GA	11/2005	
SPECIAL RESTRICTED FIRE ALARM/LOW VOLTAGE	NC	03/1998	
TEXAS MANAGERS EXAM	TX	02/2007	
BURGLAR/FIRE ALARM COMBO EXAM	SC	10/2009	

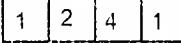
(If additional space is needed, attach a separate sheet.)

PART VI: Personal History Information (This part must be completed by all applicants)		YES	NO
1. Have you been convicted of any criminal offense in any state or in federal court (other than minor traffic violations)? <i>If yes, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge. If applicable as well as a statement from the probation or parole office.</i>		X	
2. Have you been convicted of a felony?		X	
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? <i>If yes, attach a copy of the certificate.</i>		X	
4. Have you had or do you now have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition, that presently interferes with your ability to practice your profession? <i>If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</i>		X	
5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? <i>If yes, attach a detailed explanation.</i>		X	
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? <i>If yes, attach a detailed explanation.</i>		X	

PART VII: Examination Coding Information (This part is for examination applicants only)

Refer to the REFERENCE SHEET enclosed with this application package and complete the following:

a) CHART II - Select examination(s) you desire and enter Test Codes. 

b) CHART III - Select the examination site you desire and enter Test Center Code: 

c) CHART IV - Find your School of Graduation and enter school code: 

d) Record the number of times you have taken this exam in Illinois or any other state: 

PART VIII: Child Support and/or Student Loan Information (Every applicant is required by law to respond to the following questions)

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

Are you more than 30 days delinquent in complying with a child support order?
(NOTE: If you are not subject to a child support order, answer "no.")

Yes No

2. In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)

Are you in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State?

Yes No

PART IX: Certifying Statement

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

Signature of Applicant

Date

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

a/1
K
O

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 448/1 et seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

SUPPORTING DOCUMENT

DE-INS

CERTIFICATE OF INSURANCE

APPLICANT: Complete the applicant section of this form, then have your authorized insurance agent complete the remainder of the form. The completed form must be submitted WITH your application for licensure or renewal form. Insurance must be in the name of the individual license holder. The comprehensive, commercial general liability insurance must be in the name of the individual licensee.

1. NAME OF INSURED (must be exactly as it appears on application, renewal form of individual license.) George Bush	2. DATE OF BIRTH [REDACTED]	3. SOCIAL SECURITY NUMBER [REDACTED]
4. ADDRESS STREET, CITY, STATE, ZIP CODE (specific address as noted on license) [REDACTED]	5. NEW APPLICANTS ONLY REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. PRIVATE ALARM CONTRACTOR 1 2 4 Profession Name _____ Profession Code _____	
6. MAIDEN OR GIVEN SURNAME	7. RENEWAL APPLICANTS AND PERSONS VERIFYING CURRENT INSURANCE ONLY - Record each individual license number you hold under the Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act. 115- NOV 05 2014 119- _____ 124- _____ 181- _____	
8. TELEPHONE NUMBER (where you can be reached during the day-time) Area Code [REDACTED]		

Under penalties of perjury, I declare that I have examined the policy and this completed form and to the best of my knowledge, the statement is true, accurate and complete.

10/28/14

Date

Signature of Applicant/Licensee

INSURANCE COMPANY/INSURANCE PRODUCER: Complete the following information and return the form to the applicant licensed under the Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith.

A. NAME OF INSURANCE COMPANY ACE AMERICAN INSURANCE COMPANY	B. NAME OF AUTHORIZED AGENCY/PRODUCER MARSH USA, INC	
C. INSURANCE COMPANY HOME ADDRESS: STREET, CITY, STATE, ZIP CODE 436 WALNUT ST., PHILADELPHIA, PA 19106-3703	D. NAME AND ADDRESS OF AGENT'S BUSINESS: STREET, CITY, STATE, ZIP CODE 3560 LENOX RD, ATLANTA, GA 30326	
E. INSURED'S POLICY NUMBER [REDACTED]	F. TITLE OR TYPE OF POLICY GENERAL LIABILITY	
G. AGENT'S BUSINESS TELEPHONE NUMBER Area Code (404) 995 - 3000	H. EFFECTIVE DATE OF POLICY 09 / 14 / 2014 Month Day Year	I. EXPIRATION DATE OF POLICY 09 / 15 / 2015 Month Day Year

The comprehensive commercial general liability insurance policy, with proof of a minimum of \$1,000,000 of liability insurance, must include coverage for bodily injury liability, property damage and personal injury. Additionally, coverage must extend to claims for injury or damage to the licensee or employee, coverage must extend to claims for injury or damage resulting from the use of firearms while acting in the course of employment. Additionally, if the licensee serves as the licensee in charge of an agency, and the licensee in charge of that agency permits anyone associated with the agency to act on behalf of the licensee, then coverage must extend to claims for injury or damage resulting from the employee's use of firearms while acting in the course of employment. Under penalties of perjury, I declare that I am an authorized agent of the above insurance company; I have examined the policy referenced above and this application, and to the best of my knowledge, the policy meets the requirements and provides liability coverage for the licensee's operations in the State of Illinois and statements made here are true, correct and complete. If this policy is terminated prior to expiration, the insurer agrees to provide written notice to the Department of Financial and Professional Regulation thirty (30) days.

10.30.2014

Date

Signature of Agent

Direct Inquiries to the
IDFPR Call Center

Telephone No.: 1-800-560-6420

Attn: Testing

STATE OF ILLINOIS
Division of Professional Regulation
320 West Washington Street, 3rd Floor
Springfield, Illinois 62786
www.idfpr.com

Date: 10/3/2014

Initials: JW

License No: 124

**YOUR APPLICATION OR REQUEST CANNOT BE PROCESSED DUE TO ERRORS OR DEFICIENCIES.
NO FURTHER ACTION CAN BE TAKEN ON YOUR APPLICATION UNTIL SUCH TIME AS ALL DEFICIENCIES HAVE
BEEN MET.**

TO:

GEORGE BISH
[REDACTED]

**RETURN THIS FORM
AND APPLICATION
WITH REMITTANCE,
IF APPLICABLE**

Deficiency Checklist

Submit the application fee (personal check or money order) made payable to the Illinois Department of Financial and Professional Regulation.

Submit completed DE-INS form verifying insurance coverage on the person you have listed as licensee in charge.

Supporting document DE-INS must be completed verifying proof of at least \$1,000,000 of liability insurance.

The DE-INS form that we have on file is expired. Re-submit a new DE-INS for in order for us to process your application for licensure.

RETURN INFORMATION IN THE ENCLOSED ENVELOPE WITH A COPY OF THIS NOTICE.

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 446/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

VERIFICATION OF EMPLOYMENT / EXPERIENCE

SUPPORTING DOCUMENT

VE - SAC

APPLICANT: *This form is to be completed if you are filing an application for a Private Security Contractor license based upon experience as a full-time manager with a licensed private security contractor agency or if you are filing an application for a Private Alarm Contractor license based upon experience as a full-time manager with a licensed private alarm contractor agency, government or private entity. Complete the applicant section of this form. Forward this form to the employer who will verify your employment. Verification must be completed by each employer; therefore, you are authorized to photocopy this form if necessary.*

1. NAME BISH	LAST GEORGE	FIRST JENNINGS	MIDDLE	2. DATE OF BIRTH [REDACTED] Month Day Year	3. SOCIAL SECURITY NUMBER [REDACTED]
4. ADDRESS [REDACTED]			5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.		
6. MAIDEN OR GIVEN SURNAME BISH			PRIVATE ALARM CONTRACTOR Profession Name 1 2 4 Profession Code		
7. DATES OF EMPLOYMENT From <u>07</u> / <u>11</u> / <u>1996</u> Month Day Year			PRESENT To <u> </u> / <u> </u> / <u> </u> Month Day Year		
8. PERC NUMBER (if applicable) 129 -					

EMPLOYER: *Complete the remainder of this form. RETURN THE COMPLETED FORM TO THE APPLICANT IN A SEALED ENVELOPE.*

PART I - EMPLOYMENT INFORMATION	
A. NAME OF LICENSEE IN CHARGE/SUPERVISOR MATTHEW S. THOMPSON	B. AGENCY/ENTITY NAME SECURE AUTOMATION, LLC
C. LICENSE NUMBER OF LICENSEE IN CHARGE (if applicable) N/A	D. AGENCY/ENTITY ADDRESS (STREET, CITY, STATE, ZIP CODE) 33 MARY CIRCLE, CONCORD, NC 28025
E. AGENCY LICENSE NUMBER (if applicable) EF20000578	F. AGENCY/ENTITY TELEPHONE NUMBER Area Code <u>980</u> <u>521</u> <u>8051</u>

PART II - APPLICANT EMPLOYMENT INFORMATION	
A. APPLICANT JOB TITLE PROJECT MANAGER	B. DATES OF EMPLOYMENT From <u>04</u> / <u>01</u> / <u>2009</u> To <u>PRESENT</u> Month Day Year Month Day Year
C. TIME IN TITLE <u>4</u> Years Months	D. TYPE OF EMPLOYMENT <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time
E. ANNUAL HOURS APPLICANT WORKED 2,080	

F.	Did the applicant establish, to your satisfaction, honesty, truthfulness, integrity and competency? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No", please explain on the reverse side of this form.
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G. STATE DUTIES PERFORMED WHILE IN YOUR EMPLOY. BE SPECIFIC AS TO MANAGERIAL EXPERIENCE.
CERTIFIED ALARM CONTRACTOR, LICENSE QUALIFIER FOR SECURE AUTOMATION, LLC. DUTIES INCLUDE: PROJECT MANAGEMENT, SUPERVISE EMPLOYEES, BIDDING AND ESTIMATING, MAINTAIN STATE AND LOCAL LICENSING LAWS.

I do hereby declare that as licensee-in-charge and/or owner of the above listed agency/entity that this information is true and correct to the best of my knowledge.

Matthew S. Thompson

Print Name

Signature

4-18-13

Date

President/Owner

Title

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CERTIFICATION BY LICENSING AGENCY / BOARD

SUPPORTING DOCUMENT

CT

APPLICANT: Complete the applicant section of this form then forward this form to the jurisdiction in which you are requesting certification by a licensing agency/board. Contact certifying jurisdiction for appropriate fee. You are authorized to photocopy this form as necessary.

1. NAME	LAST BISH	FIRST GEORGE	MIDDLE JENNINGS	2. DATE OF BIRTH	3. SOCIAL SECURITY NUMBER
				Month Day Year	
4. ADDRESS	STREET, CITY, STATE, ZIP CODE			5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.	
				PRIVATE ALARM CONTRACTOR 1 2 4 Profession Name Profession Code	
6. MAIDEN OR GIVEN SURNAME	7. APPLICANT TELEPHONE NUMBER (Daytime)				
BISH	Area Code (9 8 0) 5 2 1 - 8 0 5 1				
8a. RECORD PROFESSION NAME AS IT APPEARS ON YOUR LICENSE FROM THE JURISDICTION TO WHICH THIS FORM IS BEING FORWARDED. (If applicable) NORTH CAROLINA STATE BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS				8b. LICENSE NUMBER (If applicable)	8c. ISSUANCE DATE OF LICENSE (If applicable)
				NC 13717 SPLV	

I hereby authorize NC STATE BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS to furnish to the Illinois Department of
Name of Licensing Agency or Board
Financial and Professional Regulation or its designated testing service, the information requested below.

Signature

Date 4/8/13

RETURN COMPLETED FORM TO APPLICANT

LICENSING AGENCY: The Illinois Department of Financial and Professional Regulation will accept other forms of certification provided all applicable information requested on this form is contained in the certification. Please record N/A in areas which are not applicable.

PART I - CERTIFICATION OF EXAMINATION STATUS

A. The applicant has written is scheduled to write the following examination:
Special Restricted Fire Alarm/Low Voltage 3/19/1988
Name of Examination Date of Examination

B. The applicant has or will have written the above-named examination 1 number of times.

PART II - CERTIFICATION OF LICENSURE

A. NAME OF PROFESSION AS IT APPEARS ON LICENSE	B. LICENSE NUMBER
<u>Special Restricted Fire Alarm/Low Voltage</u>	13717-SP-FA/LV
C. ISSUANCE DATE OF LICENSE	D. EXPIRATION DATE OF LICENSE
5/5/1988	3/29/2014

E. LICENSURE METHOD

<input checked="" type="checkbox"/> Examination (Administered in Your State)	<input type="checkbox"/> Reciprocity with (State) _____
<input type="checkbox"/> National (Name) _____	<input type="checkbox"/> Waiver/Grandfather _____
<input checked="" type="checkbox"/> State Constructed _____	<input type="checkbox"/> Credentials _____
<input type="checkbox"/> Other (Name) _____	<input type="checkbox"/> Other (Describe) _____
<input type="checkbox"/> Endorsement of License (State) _____	Acceptance of Examination Results _____
Administrated in Another State) _____	

F. CURRENT LICENSURE STATUS

Active
 Inactive
 Lapsed
 Other (Explain) _____

G. IF LICENSED BY EXAMINATION, RECORD SCORES

Type of Examination
Written _____
Practical _____

Other (Describe) _____

Received no Grade Below _____
Examination Period _____ days 3 hours _____

PART III - CERTIFICATION OF EXAMINATION SCORES

A1. National or other Profession Specific Examination
(Record all available information)

Date of Examination

3/19/1988

Scaled Score _____

Raw Score _____

Standard Deviation _____

Corrected Score _____

National Mean _____

Percent Score _____

A2

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

B. State Constructed Examination

See attached

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

PART IV - FORMAL ACTIONS

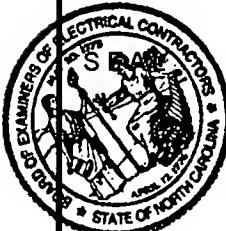
A. Is there now or has there ever been any formal action commenced against the applicant? Yes No

B. Have there ever been any formal sanctions imposed against the applicant as a matter of public record including but not limited to fine, reprimand, probation, censure, revocation, suspension, surrender, restriction or limitation? (If yes, attach a certified copy of disciplinary action.) Yes No

PART V - RECIPROCAL REGISTRATION

This state does does not grant the same privilege of reciprocal registration to Illinois registrants.

I certify that the information contained herein is true and correct according to the official records of the State.



Epsie Stevens

Print Name

Records Coordinator

Title

NC State Board of Examiners of

Electrical Contractors

Agency/Board Street Address

3101 Industrial Drive, Ste 200

City, State, ZIP Code

Raleigh, NC 27609



Signature

42912013

Area Code (919) 733-9042

Date

Telephone Number

Attention Licensing Agency/Board: RETURN THIS FORM TO THE APPLICANT.

Attention Applicant: FOR INCLUSION WITH APPLICATION PACKET.

NAME (Last, First, MI):

BISH, GEORGE, J.

SS#:

Profession:

PRIVATE ALARM CONTRACTOR

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CERTIFICATION BY LICENSING AGENCY / BOARD

SUPPORTING DOCUMENT

CT

APPLICANT: Complete the applicant section of this form then forward this form to the jurisdiction in which you are requesting certification by a licensing agency/board. Contact certifying jurisdiction for appropriate fee. You are authorized to photocopy this form as necessary.

1. NAME	LAST BISH	FIRST GEORGE	MIDDLE JENNINGS	2. DATE OF BIRTH [REDACTED]	3. SOCIAL SECURITY NUMBER [REDACTED]
4. ADDRESS	STREET, CITY, STATE, ZIP CODE [REDACTED]			5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. PRIVATE ALARM CONTRACTOR 1 2 4 Profession Name Profession Code	
6. MAIDEN OR GIVEN SURNAME BISH				7. APPLICANT TELEPHONE NUMBER (Daytime) Area Code (9 8 0) 5 2 1 - 8 0 5 1	
8a. RECORD PROFESSION NAME AS IT APPEARS ON YOUR LICENSE FROM THE JURISDICTION TO WHICH THIS FORM IS BEING FORWARDED. (If applicable) TEXAS DEPARTMENT OF PUBLIC SAFETY			8b. LICENSE NUMBER (If applicable) 444485	8c. ISSUANCE DATE OF LICENSE (If applicable)	

I hereby authorize **TEXAS DEPARTMENT OF PUBLIC SAFETY** to furnish to the Illinois Department of
Name of Licensing Agency or Board
Financial and Professional Regulation or its designated testing service, the information requested below.

Signature _____ Date 4/18/13

RETURN COMPLETED FORM TO APPLICANT

LICENSING AGENCY: The Illinois Department of Financial and Professional Regulation will accept other forms of certification provided all applicable information requested on this form is contained in the certification. Please record N/A in areas which are not applicable.

PART I - CERTIFICATION OF EXAMINATION STATUS	
A. The applicant <input checked="" type="checkbox"/> has written <input type="checkbox"/> is scheduled to write the following examination: Manager's Exam <u>02-16-2007</u> Name of Examination Date of Examination	
B. The applicant has or will have written the above-named examination <u>1</u> number of times.	
PART II - CERTIFICATION OF LICENSURE	
A. NAME OF PROFESSION AS IT APPEARS ON LICENSE George Jennings Bish	B. LICENSE NUMBER N/A
C. ISSUANCE DATE OF LICENSE 11-29-2011	D. EXPIRATION DATE OF LICENSE 11-29-2013

E. LICENSURE METHOD	
<input checked="" type="checkbox"/> Examination (Administered in Your State) <input type="checkbox"/> National (Name) _____ <input type="checkbox"/> State Constructed _____ <input type="checkbox"/> Other (Name) _____ <input type="checkbox"/> Endorsement of License (State) Acceptance of Examination Results _____ (Administered in Another State) _____	
<input type="checkbox"/> Reciprocity with (State) _____ <input type="checkbox"/> Waiver/Grandfather _____ <input checked="" type="checkbox"/> Credentials _____ <input type="checkbox"/> Other (Describe) _____	
F. CURRENT LICENSURE STATUS <input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed <input type="checkbox"/> Other (Explain) _____	
G. IF LICENSED BY EXAMINATION, RECORD RESULTS Type of Examination Written _____ Practical _____ Other (Describe) Manager's Exam Received no Grade Below _____ Examination Period _____ days _____ hours	

PART III - CERTIFICATION OF EXAMINATION SCORES

A1. National or other Profession Specific Examination
(Record all available information)

Date of Examination

N/A

Scaled Score

N/A

Raw Score

N/A

Standard Deviation

N/A

Corrected Score

N/A

National Mean

N/A

Percent Score

N/A

A2.

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE
<u>N/A</u>					

B. State Constructed Examination

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE
<u>N/A</u>					

PART IV - FORMAL ACTIONS

A. Is there now or has there ever been any formal action commenced against the applicant? Yes No

B. Have there ever been any formal sanctions imposed against the applicant as a matter of public record including but not limited to fine, reprimand, probation, censure, revocation, suspension, surrender, restriction or limitation? (If yes, attach a certified copy of disciplinary action.) Yes No

PART V - RECIPROCAL REGISTRATION

This state does does not grant the same privilege of reciprocal registration to Illinois registrants.

SAFETY RECORDS
CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT ACCORDING TO THE OFFICIAL RECORDS OF THE STATE.



Mandy Terrell

Print Name

Admin. Asst. V

806 Guadalupe

Title

Agency/Board Street Address

Austin TX 78752

City, State, ZIP Code



Signature: 05-09-2013
Date: 05-09-2013
Area Code (512) 424-7752

Telephone Number

RECEIVED
TEXAS DPS

Attention Licensing Agency/Board: RETURN THIS FORM TO THE APPLICANT

Attention Applicant: FOR INCLUSION WITH APPLICATION PACKET APR 26 2013



The Office of Secretary of State

July 31, 2013

Verification of Licensure

Name: George Jennings Bish
Type of License: Low Voltage-Unrestricted
License No.: LVU405565
Date Issued: 02/16/2005
Obtained By: Examination
Expiration Date: 08/31/2013
Public Sanction: None
Scores: [REDACTED]

TO WHOM IT MAY CONCERN:

Before the undersigned official, authorized to administer oaths, came Lisa W. Durden, who deposes and swears as follows:

- (1) That she is the Division Director of the Professional Licensing Boards in the Office of the Secretary of State, State of Georgia; and
- (2) That in such capacity she maintains the records of the Georgia State Board of Construction, a state professional licensing board;
- (3) That a diligent search of the records of the Construction Industry Licensing Board has been made and it has been determined that the above referenced Low Voltage-Unrestricted is licensed in the State of Georgia; and
- (4) If this verification indicates that a board order exists, please visit our website at <https://secure.sos.state.ga.us/myverification/> to obtain a copy of the board order.

Lisa W. Durden
Division Director



South Carolina
Department of Labor, Licensing and Regulation
South Carolina Contractors' Licensing Board

Nikki R. Haley
Governor

Holly G. Pisarik
Director

August 2, 2013

LLR
110 Centerview Drive
Post Office Box 11329
Columbia, SC 29211-1329
(803) 896-4686
FAX: (803) 896-4814
www.llronline.com/pol/Contractors

CERTIFICATION OF LICENSURE

Licensee: **SWS LLC (CORPORATE OFFICE)**
DBA: SECURE AUTOMATION
507 S GAY ST STE 200
KNOXVILLE, TN 37902

License#: **BA-13392**

Original Issue Date: **11/4/2009** Expiration Date: **7/31/2014**

License Qualifier: **GEORGE J BISH**

License Classification(s): **Burglar - Fire Combined Exam**

Exam Date(s): **NO LONGER RETAIN EXAM DATES**

LICENSE OBTAINED BY:

- Examination Type: PSI NAI Block and Associates MASC-The Municipal Association of S.C. (The S.C. Contractors Board considers the exam given by MASC to be essentially the same exam as the exams provided by PSI and Experior). A score of 70% or higher is a passing score. The above qualifier passed the required examination(s) alone and without assistance from others.
- Reciprocity waiver agreement with the state of _____
- Work experience – no technical exam required for above classification(s).

LICENSEE STATUS:

- The licensee is currently **ACTIVE** in good standing with the S. C. Contractors' Licensing Board.
- The license is **EXPIRED**. The **qualifier** was associated with this license from _____ to _____.

DISCIPLINARY ACTION:

- No
- Yes - Explanation:

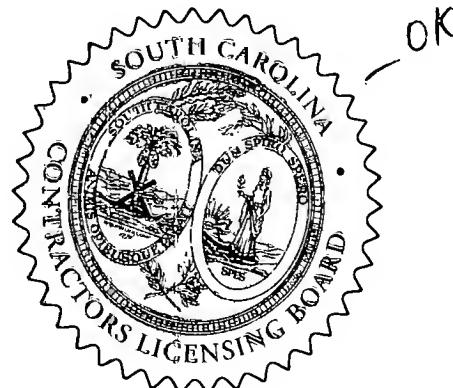
OTHER:

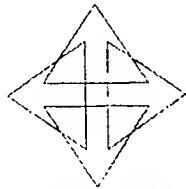
- Notes:

If I can be of further assistance, please contact Chanda Davis at davisc@llr.sc.gov or (803) 896-4686.

Sincerely,

[Redacted]
Chanda Davis
Administrative Assistant





CONTINENTAL TESTING SERVICES, INC.
P.O. Box 100 • LaGrange, Illinois 60525
800-359-1313 • 708-354-9911 • fax 708-354-9922
www.continentaltesting.net

BY: [REDACTED] APR 17 2014
RECEIVED

4/4/2014

GEORGE JENNINGS BISH
[REDACTED]

[REDACTED]

Dear GEORGE JENNINGS BISH:

Continental Testing Services, Inc. has received your application for the Private Alarm Contractor (124) examination.

This letter is to inform you that at the time of screening your application, the following items have not been received or are incomplete. Please submit the information as requested.

Submit a VE-SAC completed by a supervisor or employer that verifies at least 3 years of alarm experience in a managerial or administrative position acquired within the last 5 years preceding application.

*Submitted 4/9/2014
USPS Tracking # 920559011312602738326*

CT form enclosed for completion by the applicant and the state(s) you are licensed as a Private Alarm Contractor. This form can be photocopied as necessary.

See attached.

Thank you.

If you have questions, please contact our office.

Sincerely,

Continental Testing Services, Inc.

Profession: Illinois - Private Alarm Contractor**YOUR APPLICATION HAS BEEN SUBMITTED FOR APPROVAL:****RECEIVED**
APR 14 2014

GEORGE JENNINGS BISH,

You need to complete the following steps to finalize your application:

To print your application you must have Adobe Reader installed. Click [Print Application](#). If you do not have Adobe Reader installed, Download free version from [here](#).If you have 3 years full time prior experience with an agency in a managerial or administrative position, submit a completed [VE-SAC Form](#)

Mail your associated documents to:

Continental Testing Services, Inc
P. O. Box 100
LaGrange, Illinois 60525Your Confirmation Number is: [REDACTED]

Thank you.

APPLICATION FOR LICENSURE AND/OR EXAMINATION

FOR OFFICIAL USE ONLY

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

The following materials are required to make Application for Licensure and/or Examination in Illinois:

1. Four page APPLICATION FOR LICENSURE AND/OR EXAMINATION.
2. INSTRUCTION SHEET, which gives step by step application instructions for your profession.
3. REFERENCE SHEET, which gives detailed coding information for your profession.
4. SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application.
5. If the name shown on your supporting documents is different from that shown on your application, you must submit PROOF OF LEGAL NAME change - copy of marriage license, divorce decree, affidavit or court order.

Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:

- A. Type or print legibly with black ink only.
- B. FEES ARE NOT REFUNDABLE.
- C. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

PART I: Application Category Information

A. SEE REFERENCE SHEET, CHART I, OR INSTRUCTIONS PRIOR TO COMPLETING ITEMS 1 THROUGH 4

1. PROFESSION NAME PRIVATE ALARM CONTRACTOR	2. PROFESSION CODE 124	3. LICENSURE METHOD ENDORSEMENT	4. FEE \$ 500.00
--	---------------------------	------------------------------------	---------------------

B. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

This is the first time I have made application for this profession in Illinois.

I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying.

Other: _____

My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements.

I have previously made application for this profession in Illinois. However, I am now applying under new statutory language.

PART II: Applicant Identifying Information--You must notify the Department of Financial and Professional Regulation - Division of Professional Regulation and/or Continental Testing Service in writing, of any address changes after you file this application in order to receive any further information.

1. NAME BISH	LAST GEORGE	FIRST JENNINGS	MIDDLE PROJECT MANAGER	2. TITLE (e.g., M.D., D.D.S., etc.)	3. UNITED STATES SOCIAL SECURITY NO. [REDACTED]
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4. PERMANENT MAILING ADDRESS [REDACTED]	STREET [REDACTED]	CITY [REDACTED]	STATE/COUNTRY [REDACTED]	ZIP CODE [REDACTED]	COUNTY [REDACTED]
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5. BUSINESS ADDRESS 33 MARY CIRCLE,	STREET [REDACTED]	CITY CONCORD, NC	STATE/COUNTRY [REDACTED]	ZIP CODE 28025	COUNTY 9229 CARRABU
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6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE) BISH	7. MOTHER'S MAIDEN NAME [REDACTED]
--	---------------------------------------

8. PLACE OF BIRTH [REDACTED]	CITY [REDACTED]	STATE/COUNTRY [REDACTED]	9. DATE OF BIRTH [REDACTED]	Month [REDACTED]	Day [REDACTED]	Year [REDACTED]	10. AGE [REDACTED]	<input type="checkbox"/> Female [REDACTED]	<input checked="" type="checkbox"/> Male [REDACTED]
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11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED Work: (980) 521-8051 (Area Code) Fax: (N/A) _____ (Area Code)	Home: _____ (Area Code)	Fax: (N/A) _____ (Area Code)	12. PREFERRED e-MAIL ADDRESS(ES) [If available] [REDACTED]
---	----------------------------	-----------------------------------	---

OK
all

NAME (Last, First, MI):

BISH, GEORGE J.

SS#:

Profession:

PRIVATE ALARM CONTRACTOR

PART III: Education Information				
1. PRELIMINARY EDUCATION (Elementary and High School or G.E.D. Circle number of years completed)				
1 2 3 4 5 6 7 8 9 10 11 12	Graduated High School?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Received OR G.E.D.?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED CONRAD WEISER HIGH SCHOOL	3. LAST PRELIMINARY SCHOOL LOCATION (City and State)	4. DATE OF GRADUATION 0 <u>8</u> / <u>1</u> <u>9</u> <u>71</u> Month Year		
5. COLLEGE OR UNIVERSITY (Circle number of years completed)				
1 2 3 4 5 6 7 8	Graduated?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
6. COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate)		LOCATION (City and State or Country)	DATES OF ATTENDANCE	
N/A			FROM	TO
			Month/Year	Month/Year
7. SPECIALIZED TRAINING (Residency, Professional Training, Vocational Training, Practical or Clinical Training)				
INSTITUTION NAME	LOCATION (City and State or Country)	DATES OF ATTENDANCE		Did You Complete Training?
FROM	TO			
Nicet Level III FIRE PROTECTION ENGINEERING	N/A	Month/Year 08/31/2013	Month/Year 08/31/2013	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
LEVITON AUTHORIZED INSTALLER CERTIFICATION	NEW YORK, USA	04/25/2007	05/08/2007	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
AMP NET CONNECT CONTRACTOR TRAINING	NEW YORK, USA	SEMINAR	10/22/2007	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
POLYCOM- CERTIFIED VIEW STATION TECH	NEW YORK, USA	SEMINAR	02/08/2000	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PROXIM SILVER CERTIFIED	NEW YORK, USA	SEMINAR	06/03/2003	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IL486-1019 03/06 (LT)

NTS INSTRUCTOR
ESA NATIONAL TRAINING SCHOOL

N/A

APPLICATION FOR LICENSURE AND/OR EXAMINATION - Page 2 of 4

YES

NAME (Last, First, MI): BISH, GEORGE

SS#:

Profession: PRIVATE ALARM CI

PART IV: Record of Licensure Information

If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)
State of Original Licensure NORTH CAROLINA	SP-FA/LV SPECIAL RESTRICTED FIRE ALARM LOW VOLTAGE	13717-SP-FA/LV	05/05/1988	ACTIVE
State of Current Licensure where you most recently have been practicing.				
Other States of Licensure				
SOUTH CAROLINA	BURGLAR ALARM LICENSE	QA285	11/4/2009	ACTIVE
TEXAS	PRIVATE SECURITY MANAGER	444485	11/29/2011	ACTIVE
GEORGIA	LOW VOLTAGE UNRESTRICTED	LVU405565	2/16/2005	ACTIVE

(If additional space is needed, attach a separate sheet.)

PART V: Record of Examination

If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.

NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESULTS
			(Passed, Failed, Absent)
LOW VOLTAGE UNRESTRICTED	GEORGIA	2007	
SPECIAL RESTRICTED FIRE ALARM/LOW VOLTAGE	NORTH CAROLINA	03/1988	
TEXAS MANAGERS EXAM	TEXAS	02/2007	
SOUTH CAROLINA BURGLAR ALARM EXAM AND FIRE COMBO	SOUTH CAROLINA	No longer retains stakes	

(If additional space is needed, attach a separate sheet.)

PART VI: Personal History Information (This part must be completed by all applicants)		YES	NO
1. Have you been convicted of any criminal offense in any state or in federal court (other than minor traffic violations)? If yes, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.		<input checked="" type="checkbox"/>	
2. Have you been convicted of a felony?		<input checked="" type="checkbox"/>	
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? If yes, attach a copy of the certificate.		N/A	
4. Have you had or do you now have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition, that presently interferes with your ability to practice your profession? If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.		<input checked="" type="checkbox"/>	
5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? If yes, attach a detailed explanation.		<input checked="" type="checkbox"/>	
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? If yes, attach a detailed explanation.		<input checked="" type="checkbox"/>	

PART VII: Examination Coding Information (This part is for examination applicants only)

Refer to the REFERENCE SHEET enclosed with this application package and complete the following:

a) CHART II - Select examination(s) you desire and enter Test Codes.

b) CHART III - Select the examination site you desire and enter Test Center Code:

--	--	--

c) CHART IV - Find your School of Graduation and enter school code:

--

d) Record the number of times you have taken this exam in Illinois or any other state:

--	--

PART VIII: Child Support and/or Student Loan Information (Every applicant is required by law to respond to the following questions)

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.

Are you more than 30 days delinquent in complying with a child support order?
(NOTE: If you are not subject to a child support order, answer "no.")

Yes No

2. In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)

Are you in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State?

Yes No

PART IX: Certifying Statement

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

Signature of Applicant

7/23/2015

Date

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 446/1 et.seq. of (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

CERTIFYING STATEMENT OF FINGERPRINT SUBMISSION

SUPPORTING DOCUMENT

FP-DET

APPLICANT: *This form must be completed by out-of-state residents unable to utilize the live scan process for fingerprinting in the State of Illinois. Attach this certifying statement with the Application for Licensure and/or Examination or with the Application for Permanent Employee Registration Card as proof of having submitted the required fingerprint cards to the proper authorities.*

1. NAME BISH	LAST GEORGE	FIRST JENNINGS	MIDDLE	2. DATE OF BIRTH [REDACTED]	Month Day Year [REDACTED]	3. SOCIAL SECURITY NUMBER [REDACTED]
4. ADDRESS STREET, CITY, STATE, ZIP CODE [REDACTED]			5. Three digit profession code and profession name (Check one.) <input type="checkbox"/> 129 - Permanent Employee Registration <input type="checkbox"/> 115 - Private Detective <input type="checkbox"/> 119 - Private Security Contractor <input checked="" type="checkbox"/> 124 - Private Alarm Contractor <input type="checkbox"/> 191 - Locksmith			
6. MAIDEN OR GIVEN SURNAME BISH						

CERTIFYING STATEMENT

Under penalties of perjury, I declare that I, GEORGE J. BISH, have submitted the required fingerprints pursuant to the Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act and the Rules for the Administration of the Act to the designated agent of the Illinois State Police for processing.

Date: 7/22/2008

Signature: 

<p>IMPORTANT NOTICE Completion of this form is necessary for consideration for licensure under 225 ILCS 446/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.</p>		<p>SUPPORTING DOCUMENT</p> <p>DE-INS</p>	
<p>CERTIFICATE OF INSURANCE</p>			
<p>APPLICANT: Complete the applicant section of this form, then have your authorized insurance agent complete the remainder of the form. The completed form must be submitted WITH your application for licensure or renewal form. Insurance must be in the name of the individual license holder. The comprehensive, commercial general liability insurance must be in the name of the individual licensee.</p>			
<p>1. NAME OF INSURED (must be exactly as it appears on application, renewal form of individual license.)</p> <p>GEORGE BISH</p>		<p>2. DATE OF BIRTH</p> <p>[REDACTED]</p> <p>Month Day Year</p>	<p>3. SOCIAL SECURITY NUMBER</p> <p>[REDACTED]</p>
<p>4. ADDRESS STREET, CITY, STATE, ZIP CODE (specific address as noted on license)</p> <p>[REDACTED]</p>		<p>5. NEW APPLICANTS ONLY</p> <p>REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.</p> <p>PRIVATE Alarm Contractor 124</p> <p>Profession Name Profession Code</p>	
<p>6. MAIDEN OR GIVEN SURNAME</p> <p>BISH</p>		<p>7. RENEWAL APPLICANTS AND PERSONS VERIFYING CURRENT INSURANCE ONLY – Record each individual license number you hold under the Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act.</p> <p>115 - 119 - 124 - 191 -</p>	
<p>8. TELEPHONE NUMBER (where you can be reached during the day-time)</p> <p>Area Code (980) 521-8051</p>		<p>115 - 119 - 124 - 191 -</p>	
<p>Under penalties of perjury, I declare that I have examined the policy and this completed form and to the best of my knowledge, the statement is true, correct and complete.</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>Signature of Applicant/Licensee</p> <p>[REDACTED]</p> <p>Date</p>			
<p>INSURANCE COMPANY/INSURANCE PRODUCER: Complete the following information and return the form to the applicant licensed under the Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act.</p>			
<p>A. NAME OF INSURANCE COMPANY</p> <p>Scottsdale Insurance Co</p>		<p>B. NAME OF AUTHORIZED AGENCY/PRODUCER</p> <p>Bradley Insurance Agency / Kendall Bradley</p>	
<p>C. INSURANCE COMPANY HOME ADDRESS: STREET, CITY, STATE, ZIP CODE</p> <p>9877 N. Bailey Center Dr Scottsdale AZ 85258</p>		<p>D. NAME AND ADDRESS OF AGENT'S BUSINESS: STREET, CITY, STATE, ZIP CODE</p> <p>5210-B Schubert Rd Knoxville TN 37912</p>	
<p>E. INSURED'S POLICY NUMBER</p> <p>[REDACTED]</p>		<p>F. TITLE OR TYPE OF POLICY</p> <p>General Liability</p>	
<p>G. AGENT'S BUSINESS TELEPHONE NUMBER</p> <p>Area Code (865) 281-7722</p>		<p>H. EFFECTIVE DATE OF POLICY</p> <p>03/15/2013 Month Day Year</p>	
		<p>I. EXPIRATION DATE OF POLICY</p> <p>03/15/2014 Month Day Year</p>	
<p>The comprehensive commercial general liability insurance policy, with proof of a minimum of \$1,000,000 of liability insurance, must include coverage for bodily injury liability, property damage and personal injury. If the licensee carries a firearm in the course of duty, coverage must extend to claims for injury or damage resulting from the use of firearms while acting in the course of employment. Additionally, if the licensee serves as the licensee in charge of an agency, and the licensee in charge of that agency permits anyone associated with it to carry a firearm, then coverage must extend to claims for injury or damage resulting from the employee's use of firearms while acting in the course of employment. Insurance liability policies must be obtained from an insurer authorized by the Department of Insurance to do surety business in Illinois. Under penalties of perjury, I declare that I am an authorized agent of the above insurance company and licensed in Illinois as a producer; I have examined the policy referenced above and this application, and to the best of my knowledge, the policy meets the requirements and statements made here are true, correct and complete. If this policy is terminated prior to expiration, the insurer agrees to provide written notice to the Department of Financial and Professional Regulation thirty (30) days prior to cancellation.</p> <p>[REDACTED]</p> <p>4-18-13</p> <p>Signature of Agent</p> <p>[REDACTED]</p> <p>Date</p>			



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/18/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER (865)281-7722
BRADLEY INSURANCE AGENCY

PO BOX 12215
5210-B SCHUBERT ROAD
KNOXVILLE, TN 37912

INSURED SWS, LLC
DBA SECUREWATCH
507 S GAY STREET
KNOXVILLE, TN 37902

CONTACT
NAME:
PHONE (A/C, No. Ext):
E-MAIL ADDRESS:
FAX (A/C, No):

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : SCOTTSDALE INSURANCE	
INSURER B : BERKLEY REGIONAL	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES		CERTIFICATE NUMBER:			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ex occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
						\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ex accident) \$
	ANY AUTO						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS	<input type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	Hired AUTOS	<input type="checkbox"/>	NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
	Hired PHY	<input type="checkbox"/>					\$
	UMBRELLA LIAB		<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED		RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> V/N					WC STATUTORY LIMITS \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE	<input type="checkbox"/>	N/A				OTHR. \$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ADDITIONAL NAMED INSURED: GEORGE BISH

CERTIFICATE HOLDER

ILLINOIS DEPT OF FINANCIAL & PROF REGUALTION
DIVISION OF PROFESSIONAL REG
PO BOX 7007
SPRINGFIELD IL 62791

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

State of Illinois
Department of Financial & Professional Regulation
320 West Washington Street, 3rd Floor
Springfield, IL 62786
Fax: (217) 782-7645

April 15, 2013

Re: George Bish

To Whom It May Concern:

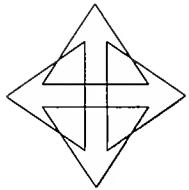
My name is George Bish. My address is [REDACTED] My social security number is [REDACTED] I have applied for a Private Alarm Contractor License. I am writing this correspondence to serve as my request to allow Angela Bragg to speak with your representatives regarding my license application.

If you have any questions please contact me at (980) 521-8051.

Sincerely,

A large rectangular area of the page is completely blacked out, indicating a redacted signature.

George Bish



CONTINENTAL TESTING SERVICES, INC.
P.O. Box 100 • LaGrange, Illinois 60525
800-359-1313 • 708-354-9911 • fax 708-354-9922
www.continentaltesting.net

4/4/2014

GEORGE JENNINGS BISH
[REDACTED]



Dear GEORGE JENNINGS BISH:

Continental Testing Services, Inc. has received your application for the Private Alarm Contractor (124) examination.

This letter is to inform you that at the time of screening your application, the following items have not been received or are incomplete. Please submit the information as requested.

Submit a VE-SAC completed by a supervisor or employer that verifies at least 3 years of alarm experience in a managerial or administrative position acquired within the last 5 years preceding application.

CT form enclosed for completion by the applicant and the state(s) you are licensed as a Private Alarm Contractor. This form can be photocopied as necessary.

Thank you.

If you have questions, please contact our office.

Sincerely,

Continental Testing Services, Inc.

ILLINOIS DEPARTMENT OF PROFESSIONAL REGULATION TESTING PROGRAM

Continental Testing Services, Inc.

P.O. Box 100 LaGrange, IL 60525-0100

ADMISSION NOTICE

(124) Private Alarm Contractor

ADMISSION NOTICE

Your application has been received for the licensing examination. Eligibility to take the examination is not to be construed as eligibility for license.

Present this notice for admission to the examination. Keep this notice on your person at all times during the examination process.

GEORGE JENNINGS BISH

EXAM DATE:

Sat, Sep 13, 2014

CANDIDATE NUMBER:

SOCIAL SECURITY #:

If you change your name or address before the test date, notify Continental Testing Services by mail at the above address. If your name has changed, send a copy of the documentation for the change (marriage certificate, divorce decree, etc.) along with a copy of this notice. Bring a copy of your name change documentation to the test site.

You have been registered to take the examination at the following site:

SITE: **Best Western Chicago Hillside
4400 Frontage Road
Hillside, IL 60162**

SEAT NUMBER: **304**
SCHEDULE CODE: **124**

The schedule for the exam is:

<u>Date</u>	<u>Time</u>	<u>Exam</u>	<u>Exam Room</u>
Sat, Sep 13, 2014	7:30AM	Private Alarm Contr.	CHURCHILL 1-4

*7:30AM Registration
NO CANDIDATE WILL BE ADMITTED AFTER 7:45AM.*

*Instructions and Examination:
The Examination is 75 minutes long.*

Bring the following materials to the examination:

CTS IS NOT RESPONSIBLE FOR LOST OR STOLEN PERSONAL PROPERTY.

- 1) This admission notice.
- 2) Photographic identification is required. The only acceptable photographic identification is a Driver's License, Secretary of State card or a current Passport. ** IF YOU DO NOT PRESENT ONE OF THESE, YOU WILL NOT BE ADMITTED TO THE EXAM. Illinois Department of Public Aid cards, Resident Alien cards, or Student Identification cards are NOT acceptable identification. Traffic Tickets are NOT considered proof of an ID.
- 3) Three sharpened #2 pencils

Friends and relatives are NOT permitted in the area near the testing room. No Study Guides, Notes, etc will be allowed in the testing area. Notepads, books, cameras, beepers and cellular phones will not be allowed in the examination room. (Even if the equipment is off and found, the applicant is subject to negation of the examination and dismissed.)

If you have any questions concerning admission, please call: (708) 354-9911.
Hours: 8:00 - 4:30 (Monday - Friday)